# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SECTION SECTIO

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
OMB Number: 3235-0076	
Expires: May 31, 2002	
Estimated average hunden	

hours per response.. .1

SEC USE ONLY				
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	DATE RE	CEIVED		

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	2/12=
Aegis Assessments, Inc. Common Stock Offering	3075
Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	<i>                                      </i>
1. Enter the information requested about the Issuer 0205	2230
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	-250 .
Aegis Assessments, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	er (Including Area Code)
4100 Newport Place, Suite 660, Newport Beach, CA 92660 949.400.6159	
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)  Telephone Number and Street, City, State, Zip Code)	er (Including Area Code)
Brief Description of Business	
The company designs and develops specialized communications equipment for law enforcement and military applicat	ions.
<ul> <li>         ☐ corporation         ☐ limited partnership, already formed         ☐ business trust         ☐ limited partnership, to be formed         ☐ corporation         ☐ limited partnership, to be formed         ☐ limited partne</li></ul>	
U business trust	
Month Year	
Actual or Estimated Date of Incorporation or Organization: [0][1][0][2] [X] Actual [] Estimate	ed
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	ROCESSED
CN for Canada; FN for other foreign jurisdiction) [D] [E]	
GENERAL INSTRUCTIONS )	NUG 2 9 2002
Federal:	
	THOMSON
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 e 77d(6).	i seq. or 15 0.5.C.
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the	U.S. Securities and
Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after to	the date on which it
is due, on the date it was mailed by United States registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manual photocopies of manually signed copy or bear typed or printed signatures.	ally signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, a the information requested in Part C, and any material changes from the information previously supplied in Part A and B. Part E and the Appe	
with the SEC.	mark need not med
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have	adonted LILOF and
that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are	to be, or have been
made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be comp	

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## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director for corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:										
Field News (List name first. Findinestas)  Eric Johnson  Alto Newport Place, Suite 660, Newport Beach, CA 92660  Check Box(es) that Apply:	Check Box(es) that Apply:		Beneficial		□ Director					
Eric Johnson Buttoss Reliefence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:			Owner	Officer		Managing Partner				
Baulinson Relidence Address (Number and Street, Cip., State, 2ip Coco) 4100 Newport Place, Suite 660, Newport Beach, CA 92660 Check Box(es) that Apply:	Full Name (Last name first, if individual)									
Auton Newport Place, Suite 660, Newport Beach, CA 92660   Seneficial   Executive   Director   General and/or Managing Partner										
Check Box(es) that Apply:	Business or Residence Address (Number and Street, City, State, Zip Code)									
Owner Officer Managing Partner  Full Name (Last rame first, if infinividual)  Joseph King  Business or Residence Address (Number and Street, City, State, Zip Code)  4100 Newport Place, Suite 660, Newport Beach, CA 92660  Check Box(es) that Apply:   Promoter   Beneficial   Sexecutive   Director   General and/or Managing Partner  Full Name (Last name first, if infinividual)  Richard Reincke  Business or Residence Address (Number and Street, City, State, Zip Code)  4900 E. Chapman, #28, Orange, CA 92869  Check Box(es) that Apply:   Promoter   Beneficial   Sexecutive   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Vernon Briggs III  Bassess or Residence Address (Number and Street, City, State, Zip Code)  425 ½ Begonia Avenue, Corona del Mar, CA 92625  Check Box(es) that Apply:   Promoter   Beneficial   Sexecutive   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Vernon Briggs III  Bassess or Residence Address (Number and Street, City, State, Zip Code)  425 ½ Begonia Avenue, Corona del Mar, CA 92625  Check Box(es) that Apply:   Promoter   Beneficial   Sexecutive   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  George Farquhar  Business or Residence Address (Number and Street, City, State, Zip Code)  4100 Newport Place, Suite 660, Newport Beach, CA 92660  Check Box(es) that Apply:   Promoter   Beneficial   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)	4100 Newport Place, Suite 66	0, Newport Bea	ch, CA 92660							
Full Name (Last name first, if individual)   Joseph King	Check Box(es) that Apply:	Promoter	Beneficial		Director	_				
Business or Residence Address (Number and Street, City, State, Zip Code)			Owner	Officer	<u></u>	Managing Partner				
### Business or Residence Address (Number and Street, City, State, Zip Code) ### A 100 Newport Place, Suite 660, Newport Beach, CA 92660    Check Box(es) that Apply:	Full Name (Last name first, if individual)									
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Check Box(es) that Apply:										
Owner Officer Managing Partner  Full Name (Last name first, if individual)  Raines (Raines (Namber and Street, City, State, Zip Code)  Address (Namber and Street, City, State, Zip Code)  Business or Residence Address (Namber and Street, City, State, Zip Code)  Business or Residence Address (Namber and Street, City, State, Zip Code)  Business or Residence Address (Namber and Street, City, State, Zip Code)	4100 Newport Place, Suite 66		ch, CA 92660							
Richard Reincke   Reinck	Check Box(es) that Apply:	Promoter	Beneficial	<del></del>	□ Director	☐ General and/or				
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Check Box(es) that Apply:										
Check Box(es) that Apply: Promoter Owner Officer Director Omner Officer  Full Name (Last name first, if individual)  Eric Peacock  Basiness or Residence Address (Number and Street, City, State, Zip Code)  518 ½ Fernleaf, Corona del Mar, CA 92625  Check Box(es) that Apply: Promoter Beneficial Owner Officer Director Managing Partner  Full Name (Last name first, if individual)  Vernon Briggs III  Business or Residence Address (Number and Street, City, State, Zip Code)  425 ½ Begonia Avenue, Corona del Mar, CA 92625  Check Box(es) that Apply: Promoter Beneficial Owner Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  George Farquhar  Business or Residence Address (Number and Street, City, State, Zip Code)  4100 Newport Place, Suite 660, Newport Beach, CA 92660  Check Box(es) that Apply: Promoter Beneficial Owner Officer General and/or Managing Partner  Full Name (Last name first, if individual)  George Farquhar  Business or Residence Address (Number and Street, City, State, Zip Code)  4100 Newport Place, Suite 660, Newport Beach, CA 92660  Check Box(es) that Apply: Promoter Beneficial Owner Officer General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)										
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Check Box(es) that Apply: Promoter Beneficial Executive Director General and/or Owner Officer Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)			1 64 00660							
Owner Officer Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)				<b></b>						
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	☐ Promoter	<del></del>		☐ Director					
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last years Great if individual)		Owner	Officer		Managing Partner				
	run ivame (Last name iirst, ii individuai)									
	Duringer or Paridage Address (Number and Com-									
(Use a blank sheet, or copy and use additional copies of this sheet, as necessary.)	business of Residence Address (Number and Street, City, State, Zip Code)									
(ose a main succes, or copy and use auditional copies or this successary.)		(Hea c	blank sheet or conv and use addition	al copies of this sheet, as necessary						
		(030 a	street, or copy and any addition	The or and shoot, as notestaly.)						

	B. INFORMATION ABOUT OFFERING											
1. Has the							ted investo		Yes	No		
					2, if filing					<u></u>		
2. What	. What is the minimum investment that will be accepted from any individual?								\$5,000.0	0		
	3. Does the offering permit joint ownership of a single unit?						Yes ⊠	No				
4. Enter	the infor	mation re	quested fo	r each per	rson who	has been	or will be	paid or				
							n for solici			,		
							person to					
							th the SEC					
							an five (5)	-				
			-		broker or	dealer, yo	u may set	forth the				
	ion for tha		r dealer of	nıy.								
Not appl		,										
Business or Re	esidence Address	(Number and St	reet, City, State,	Zip Code)								
Name of Asso	ciated Broker or l	Dealer									<del></del>	
States in Whic	h Person Listed I	las Solicited or	Intends to Solicit	Purchasers							<del></del>	YF
(Check "	'All States'	or check	individua	l States)				[	] All St	ates		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (La	ast name first, if i	ndividual)										
Business or Re	esidence Address	(Number and St	reet, City, State,	Zip Code)					11 11 11 11 11 11	•		<del></del>
Name of Asso	ciated Broker or i	Dagler										
Name of Asso	Claude Blokel of	Dealer										
States in Whice	h Person Listed I	Has Solicited or	Intends to Solicit	Purchasers						<u>*</u>		
(Check '	'All States'	or check	individua	l States)				[	] All St	ates		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (La	ast name first, if i	ndividual)						<u>,</u>	<u>.</u>			10.4
Business or Re	esidence Address	(Number and St	reet, City, State,	Zip Code)								
Name of Asso	ciated Broker or	Dealer										
	th Person Listed I							-	3 ~			
•	'All States'			•		r		[]	] All St		(TTT)	(III)
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[MI] [OH]	[MN]	[OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C	OFFERING	PRICE	NUMBER	OF INVESTORS	EXPENSES	AND USE	COF PROCEED	ns

1. Enter the aggregate offering price of securities included in this offering and	the total amount already sold.	Enter "0" if answer is
"none" or "zero". If the transaction is an exchange offering, check this box [	] and indicate in the columns	below the amounts of
the securities offered for exchange and already exchanged.		

Type of Security	Aggregate Offering Price	Amount Sold Already
Debt	\$	\$
Equity	\$300,000	\$80,000
[X] Common [ ] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify: )	\$	\$
Total	\$300,000	\$80,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	4	\$50,000
Non-accredited Investors	5	\$30,000
Total (for filings under Rule 504 only)		\$

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	\$
Printing and Engraving Costs	\$2,500.00
Legal Fees	\$4,000.00
Accounting Fees	\$
Engineering Fees	\$
Sales Commissions (specify finders' fees separately)	\$
Other Expenses (identify) Travel and Federal Express costs	\$3,000.00
Total	\$9,500.00

4.b. Enter the difference betw	een the aggregate offer	ing price given i	n response to Part	C-Question 1 and tota	l expenses furnished
in response to Part C-Question	14.a. This difference is	s the "adjusted gr	oss proceeds to the	issuer."	

	 	_
MMAN 500 00		
\$290,500.00		
Ψ=>0,2000		

	ot known, furnish an estimate and check the ss proceeds to the issuer set forth in response		
Salaries and fees (includes salaries for softw	vare development)	\$125,000	\$
Purchase of Real Estate		\$	\$
Purchase, rental or leasing and installation	of machinery and equipment	\$	\$
Construction or leasing of plant buildings a	nd facilities	<b>⊠</b> \$6,000	\$
Acquisition of other businesses (including to this offering that may be used in exchange another issuer pursuant to a merger	· · · · · · · · · · · · · · · · · · ·	\$	\$
Repayment of indebtedness		<u> </u>   \$	<b>\$</b>
Working Capital		\$139,500	\$
Other Expenses (identify) Travel		⊠ \$20,000	\$
Column Totals		\$	\$
Total Payments Listed (column totals add	led)	X \$290,500.00	
	D. FEDERAL SIGNATURE		
505, the following signature constitutes an	be signed by the undersigned duly authorized undertaking by the issuer to furnish to the lation furnished by the issuer to any non-accordance.	U.S. Securities and I	Exchange Commission,
Issuer (Print Name)	Signature	Date	
Aegis Assessments, Inc.	Wicher Mensile	August 2, 2002	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Richard Reincke	Secretary and Chief Operating Officer		
Intentional misstatements or or	ATTENTION missions of fact constitute federal criminal	violations (See 19 II	S C 1001)
intentional misstatements of of	missions of fact constitute federal criminal	violations.(See 18 U	.5.C. 1001)
	E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.26	2 presently subject to any of the disqualificat	ion provisions of suc	h rule? Yes 🗌 No 🛛
	See Appendix, Column 5, for state response		
2. The undersigned issuer hereby undertaken on Form D (17 CFR 239,500) at such times	es to furnish to any state administrator of any s as required by state law.	y state in which this	notice is filed, a notice

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by

the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print Name) Aegis Assessments, Inc.	Signature/	August 2, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Richard Reincke	Secretary and Chief Operating Officer	
Richard Remicke		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 1 Type of investor and amount purchased in State (Part C-Item 2) Intend to sell to non-Type of Security and Disqualification under State ULOE (if yes, accredited investors in aggregate offering price State (Part B-Item 1) offered in state attach explanation of (Part C-Item 1) waiver granted) (Part E-Item 1) Number of Non-State Yes No Number of Amount Yes No Amount Accredited Accredited Investors Investors ALAK AZX Common stock; 3 \$25,000 0 \$0 X \$210,000 AR $\mathbf{C}\mathbf{A}$ X Common stock; 0 \$0 3 \$20,000 X \$20,000 $\mathbf{CO}$ $\mathbf{CT}$ X Common stock; 0 \$0 1 X \$5,000 \$10,000 DE DC FLGA $\mathbf{HI}$ $\mathbf{m}$ $\Pi$ IN IA KS KY LA ME MD MA MI MN

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No			Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS							<u> </u>			
MO										
MT		<u> </u>								
NE	<u> </u>									
NV										
NH										
NJ										
NM	,				-					
NY										
NC										
ND		<u> </u>							ļ	ļ <u> </u>
ОН										
OK	·					-		ļ		_
OR										
PA										
RI										
SC								<u></u>		
SD										
TN										
TX		X	Common \$5,000	stock;	1	\$25,000	0	\$0		X
UT	X		Common \$5,000	stock;	0	\$0	1	\$5,000		X
VT										
VA										
WA						1				
WV										
WI		1								
WY	/									
PR										